

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services amends Chapter 75, "Conditions of Eligibility," Iowa Administrative Code.

The amendments provide the Department's annual updates of the statewide average cost of nursing facility services to a private-pay resident and the statewide average charges or maximum Medicaid rate for various levels of institutional care.

The statewide average cost of nursing facility services to a private-pay resident is determined by a survey of nursing facilities, including freestanding facilities, hospital-based skilled nursing facilities, and facilities serving special populations. This monthly average cost has increased from \$4,342.03 to \$4,598.61 (equivalent to \$151.27 per day). This amount is used to determine the period of ineligibility for Medicaid payment of nursing facility care and other long-term care services that is required when a person has transferred assets for less than market value to obtain Medicaid eligibility. The amount transferred is divided by this monthly average cost to determine the number of months of ineligibility. Since the cost has gone up, the resulting periods of ineligibility will be slightly shorter.

Iowa Code chapter 633C requires the Department to determine annually and publish the statewide average charges or maximum Medicaid rate for various levels of institutional care. These amounts are used to regulate the disposition of funds in a medical assistance income (Miller-type) trust. A medical assistance income trust allows a person whose income is above the Medicaid income limit for long-term care (currently \$2,022 per month) but is less than the cost of care in a medical institution to attain eligibility by depositing the income in a trust. An increase in the average charge allows more people to qualify for Medicaid using this method.

Changes in the average charge or maximum figures are as follows:

- Nursing facility care: an increase to \$4,189 per month (previously \$3,923). This figure is based on data from freestanding facilities only, since the cost of special care is considered separately.
- ICF/MR care: an increase to \$20,960 per month (previously \$17,954).
- Mental health institute care: an increase to \$17,758 per month (previously \$16,363).
- Care in a psychiatric medical institution for children: an increase to \$5,044 per month (previously \$4,975).

These amendments do not provide for waivers in specified situations since the basis for the figures is set by statute.

Notice of Intended Action on these amendments was published in the Iowa Administrative Bulletin on March 11, 2009, as **ARC 7630B**. The Department received no comments on the Notice of Intended Action. These amendments are identical to those published under Notice of Intended Action.

The Council on Human Services adopted these amendments on May 13, 2009.

These amendments are intended to implement Iowa Code section 249A.4 and Iowa Code chapter 633C.

These amendments shall become effective on July 8, 2009.

EDITOR'S NOTE: Pursuant to recommendation of the Administrative Rules Review Committee published in the Iowa Administrative Bulletin, September 10, 1986, the text of these amendments [75.23(3), 75.24(3)] is being omitted. These amendments are identical to those published under Notice as **ARC 7630B**, IAB 3/11/09.

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[For replacement pages for IAC, see IAC Supplement 6/3/09.]